

MEDICAID CLIENT EDUCATION & HMO SELECTON PROCESS TRAINING

INTERNATIONAL RESCUE COMMITTEE

July 18, 2002

Trainer -

Mary Eatchel 269-4860 HPR

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Introductions and Manual Overview -

- < Worker Roles & HPR Roles
- < Traditional, Non Traditional and PCN programs
- < Exploring Medicaid

Medicaid HMO Charts -

Adult Programs Comparison Chart -

Providers HMO Affiliation on Folio -

Resource Material -

Worker Role and Procedures -

Refugee Medicaid Orientation & HMO Selection Process

Medicaid Orientation

The HPR will:

Provide initial training to the Refugee worker on doing the Medicaid orientation, including Traditional, Non-Traditional and PCN programs. Training will include benefits, co-pays for each program, client rights & responsibilities, CHEC, family planning, mental health etc,

Continue to be a resource by attending Refugee team staff meetings.

The Refugee worker will:

Educate their clients about the wise use of Medicaid services, explain the benefits and co-pay requirements for the program that the customer is eligible for, educate on mental health, family planning, rights & responsibilities, and to emphasize preventative care (especially CHEC). This is mandatory information that must be provided to the clients.

HMO Selection and CHCD Pathway

The HPR will:

Provide initial training to the Refugee worker on the Health Maintenance Organizations (HMOs) in their area and the Choice of Health Care Delivery (CHCD) form pathway.

The Refugee worker will:

Objectively explain the various Health Maintenance Organizations (HMOs) available to their clients through the Medicaid program by verbally covering the material and using other visual aids. (Show copy of Medicaid card to clients)

Use HMO participation List to assist clients in making a appropriate choice of healthcare.

There needs to be a Choice of Health Care Delivery for (CHCD) signed by the client or by the caseworker. The CHCD form must include information on the language that the customer speaks, the referring agency and the agency caseworkers name.

Refugee Medicaid Orientation & HMO Selection Process

Manual and Training Materials

The HPR will:

Provide Refugee worker with a manual and provide written updates as needed.

Prove Refugee worker with the training materials to be used in educating Medicaid clients, i.e. Exploring Medicaid, HMO comparison chart, HMO literature, Adult Program Comparison Chart, PCN brochure, Dental brochure, Family Dental Plan, Dental brochure, CHEC doctors with foreign languages list, HMO physician Participation Chart (Folio), Mental health etc.

The Refugee worker will:

Coordinate with HPR to order, stock and provide the most current Medicaid and HMO literature for the Medicaid customers, i.e. comparison charts, doctors with foreign languages, CHEC, Family Dental Plan, Dental brochure Mental Health, Adult Program Comparison Chart, PCN brochure etc.

Initial Training

The HPR will provide initial training to the Refugee worker on how:

To educate customers for their particular Medicaid Program. This is to include the different benefits and copay amounts.

To get the HMO selection for all persons, including unborns, on each Traditional and Non-Traditional case.

To prevent HMO changes when possible by referring the client back to their HMO or work with the client to resolve problems.

To stay within the time frames for enrollment (the 20th of the month for changes to be effective the next month) because of HMO agreements.

Help work our problems resulting from mistakes that have been made in the health selection. (ie interpretation)

Refugee Medicaid Orientation & HMO Selection Process

On-Going Training

The HPR will:

Provide on-going training the the Refugee worker to keep them current with any changes that effect the health selection process, i.e. HMO contract changes, Medicaid policy and coverage changes etc.

The Refugee worker will:

Stay current of changes that effect the health selection process by participating in ongoing training, i.e. HMO contract changes, Medicaid policy and coverage changes, etc.

Problem Solving

The HPR will:

Act as a resource to the Refugee worker to help handle any difficult or unusual problems, i.e. access to interpreters, access to health care problems, exemption requests, quality of care complaints, billing problems, etc.

The Refugee worker will:

Work with the HPR to resolve difficult or unusual problems, i.e. access to interpreters, access to health care problems, exemption requests, quality of care complaints, billing problems, etc.

Assignments

The HPR will:

Monitor Refugee worker by researching complaints received and identifying problem areas to be addressed by training.

Assign HMO's to clients who have not made a selection within 60 days.

The Refugee worker will:

Forward all HMO selection information to Refugee Medical supervisor to given to MHC HPR. for data entry.

Grievance Pathway

- 1: Refer clients to the HMO to file a grievance.
- 2: If a resulting decision from the HMO is not acceptable or if there was a computer or programming error (i.e. a premium not paid or a case not authorized) the client will be referred to the Managed Health Care HPR in their area.
- 3: Clients will be referred to the Formal Hearing Office if the HMO grievance decision was unacceptable.

Client Education

- 1: Educate clients on Traditional, Non Traditional and PCN programs. Explaining benefits and copays for each program.
- 2: Use Health Orientation Check Sheet to educate clients on the programs that they are eligible for.
- 3: Assist client in making appropriate HMO selection for Traditional and Non Traditional programs.
- 4: Complete CHCD form
- 5: Provide appropriate literature

WHAT IS NON-TRADITIONAL MEDICAID?

Eligibility

- < Meet Medicaid income eligibility requirements.
- < Parents age 19 through 64.
- < Are not disabled, blind or pregnant.

Coverage (See Provider Manual)

- < Inpatient, outpatient, and emergency department services in an acute care general hospital.
- < Physician services
- < General preventive services and health education given as part of regular office visits.
- < Family planning services consistent with current Medicaid policy.
- < Pharmacy services require utilization review for more than 7 prescriptions per month.
- < Dental services limited to relief of pain and infection.
- < Services consistent with current Medicaid services including laboratory, radiology, end stage renal disease dialysis, home health, hospice, medical supplies and equipment, sterilization, targeted case management for the homeless, targeted case management for HIV/AIDs, interpretive services, etc
- < Mental health and substance abuse services with limitations.
- < Physical therapy, occupational therapy, chiropractic services with limitations.
- < Organ transplants with limitations.
- < Emergency transportation services limited to ambulance for medical emergencies only.

Co-Payments and Co-Insurance - (There is a maximum out-of-pocket cost for all co-payment and co-insurance of \$500 per calendar year per individual)

- < Non-emergency hospital inpatient services - \$220 co-insurance for each inpatient admission.
- < Non-emergency use of the emergency room - \$6 co-payment for each visit.
- < Physician and physician related services - \$3 co-payment per visit, excluding preventive and immunization services.
- < Prescription drugs - \$2 co-payment per prescription, no monthly dollar limitation.
- < Vision services - a maximum annual benefit of \$30. All charges over the annual benefit of \$30 will be the patient's responsibility.

Open Enrollment Periods

- < Applications will be accepted at Department of Workforce Services or Bureau of Eligibility Services offices only during open enrollment periods.

WHAT IS PRIMARY CARE NETWORK (PCN)?

Eligibility

- < Income equal to or below 150% of the federal poverty level (\$1,108.00 per month for one person; \$1,493 per month for two persons).
- < Age 19 through 64.
- < Not eligible for another Medicaid program.
- < Not enrolled in a private health insurance plan.
- < Not enrolled in or eligible to enroll in Medicare or Veterans Health Care System.
- < Insurance through an employer is not available, or if available, the employer pays less than 50% of the cost to enroll.
- < For full-time students, insurance is not available through the University or other educational facility.
- < Not eligible for a state employees' health insurance plan.
- < Must pay annual \$50 enrollment fee plus co-payments for some services.

Coverage (See Provider Manual)

- < Services by licensed physicians and other health professionals for primary care services only.
- < Emergency services in hospital emergency room only.
- < Lab and Radiology services as part of primary care services.
- < Medical equipment and supplies for recovery only.
- < Ambulance (ground and air) for medical emergencies only. No non-emergency transportation.
- < Basic dental services such as exams, preventative services, fillings and extractions.
- < Vision screening (not eyeglasses).
- < Pharmacy services limited to 4 prescriptions per month. No over-the-counter drugs.
- < Family planning services consistent with physician and pharmacy services.
- < While inpatient hospital care and specialty physician care are not covered benefits, we will try to coordinate care for those needed services.

Co-Payments and Co-Insurance - (There is a maximum out-of-pocket cost for all co-payment and co-insurance of \$1000 per calendar year per individual)

- < Emergency use of the emergency room - \$30 co-payment for each emergency visit. PCN will not pay for non emergency use of the emergency room.
- < Physician and physician related services - \$5 co-payment per visit. No co-payment for preventive and immunization services.
- < Laboratory services - co-payment of 5% of allowed amount if the charges are over \$50 and no charge if the allowed amount is \$49 or less.
- < X-ray services - co-payment of 5% of allowed amount if the charges are over \$100 and no charge if the allowed amount is \$99 or less.
- < Dental services - co-payment of 10% of allowed amount.
- < Vision services - co-payment of \$5 per visit.
- < Prescription drugs - co-payment of (a) \$5 for generic and brand name medications on the approved list, (b) 25% of the Medicaid payment for brand name drugs not on the approved list.
- < Durable Medical Equipment (DME) - 10% co-insurance of the allowed amount.

Open Enrollment Periods

- < Applications will be accepted at Department of Workforce Services or Bureau of Eligibility Services offices only during open enrollment periods.
- < Enrollment will be limited to 25,000 eligible individuals.

Medicaid HMO's

Salt Lake County

01Apr2002

HMO (Health Maintenance Organization) Paid Benefits:

AFC Member Service: 1-888-483-0760	Healthy U Member Service: 1-888-271-5870
UPCP: Primary care doctor is required.	UPCP: Primary care doctor or clinic not required.
USpecialists: You will need a written referral from your doctor.	USpecialist: No referral is needed to a participating provider.
UVision: Contracted providers.	UVision: U UHN Vision Centers, Moran Eye Ctr, Knighton or Paradise Optical.
UHospitals: St Marks, SL Reg, Jordan Valley, Pioneer Valley, (PCMC & University available with prior approval).	UHospitals: University, SL Reg, PCMC (Primary Children Medical Ctr), Jordan Valley, Pioneer Valley.
UUrgent Care: U UHN extended hour clinics, Nighttime Pediatrics, St Marks Clinic.	UUrgent Care: Nighttime Pediatrics, U UHN extended hour centers. Call your doctor 24 hours a day.

(Medicaid covered benefits are the same in each HMO)

Medicaid Information Line

538-6155

1-800-662-9651

State Paid Benefits:

UMental Health: VMH (Valley Mental Health) 263-7100.

UDental: Any dentist who accepts Utah Medicaid.

UChiropractic: Call 352-7270 or 1-800-339-5958 for names and available services.

UPharmacy: Any pharmacy that accepts Utah Medicaid.

This information is subject to change without notice.

Medicaid HMO's

Salt Lake County

01Apr2002

OMS/Organización para el Mantenimiento de la Salud-Beneficios Pagados

AFC Para información llame el número: 1-888-483-0760	Healthy U Para información llame el número: 1-888-271-5870
UPCP: Se requiere doctor principal.	UPCP: No se requiere doctor o clínica principal.
UESpecialistas: Usted necesitará recomendación por escrito de su doctor.	UESpecialistas: No se necesita ninguna recomendación.
UVisión: Proveedores bajo contrato.	UVisión: U UHN Vision Centers, Moran Eye Ctr, Knighton o Paradise Optical.
UHospitales: St Marks, SL Reg, Pioneer, Jordan Valley, (PCMC y University con previa aprobación).	UHospitales: University, SL Reg, PCMC (Primary Children Medical Ctr), Pioneer Valley, Jordan Valley.
UServicio De Emergencia: U UHN clínicas con horas extendidas, Nighttime Pediatrics, y St Marks Clinic.	UServicio De Emergencia: Nighttime Pediatrics, U UHN cetros con horas extendidas. Llame su doctor 24 horas del día.

(Los servicios que cubre Medicaid son los mismos en cada HMO)

Linea de Informacion de Medicaid

538-6155

1-800-662-9651

Beneficios pagados por el estado:

USalud Mental: VMH (Valley Mental Health) 263-7100.

UDental: Todos los dentistas que aceptan Medicaid de Utah.

UQuiroprático: Llame el numero 352-7270 o 1-800-339-5958 por nombres y servicios disponibles.

UFarmacia: Todas las farmacias que aceptan Medicaid de Utah.

Este información está sujeta a cambio sin previo aviso.

MEDICAID HMO's

Utah County

April 2002

HMO Paid Benefits:

AmericanFamilyCare 1-888-483-0760	IHC ACCESS 1-800-442-9023	HEALTHY U 1-888-271-5870
<p>Ç PCP: Primary care doctor is required.</p> <p>Ç Specialists: You will need a written referral from your doctor.</p> <p>Ç Vision: Contracted Providers</p> <p>Ç Hospitals: Mountain View Hosp. Timpanogos Regional Hosp. Primary Children's Hosp. (Referral needed)</p>	<p>Ç.PCP: Any participating primary care doctor/provider.</p> <p>ÇSpecialists: You need to use IHC Access providers.</p> <p>Ç Vision: Vision Service Plan 1-800-877-7195</p> <p>ÇHospitals: Utah Valley Reg. Medical Center Orem Community Hosp. American Fork Hosp. Primary Children's Hosp. Mountain View</p>	<p>Ç PCP: Primary Care Physician at University Health Network Clinic in Orem.</p> <p>Ç Specialists: You must use specialists contracted with Healthy U.</p> <p>Ç Vision: University Health Network Clinic - Orem 226-7555</p> <p>Ç Hospitals: Mountain View Hosp. Timpanogos Regional Hosp. Primary Children's Hosp. University of Utah Hosp.</p>

(Medicaid covered benefits are the same in each HMO)

State Paid Benefits:

ÇDENTAL

Any dentist who agrees to accept your Utah Medicaid card.

ÇPHARMACY

Any pharmacy that will accept your Utah Medicaid card.

ÇCHIROPRACTIC

1-800-339-5958

ÇMENTAL HEALTH

Wasatch Mental Health 373-4760

This information is subject to change without notice.

Questions? Call 374-7864

MEDICAID HMO's

Condado de Utah

Abril 2002

OMS/Organización para el Mantenimiento de la Salud-Beneficios Pagados

American Family Care Para información llame al número: 1-888-483-0760	IHC Access Para información llame al número: 1-800-442-9023	Healthy U Para información llame al número: 1-888-271-5870
ÇPCP: Se requiere un doctor principal.	ÇPCP: Cualquier doctor principal o proveedor médico que participa en este programa.	ÇPCP: Doctor principal de la University Health Network Clinic de Orem.
ÇEspecialistas: Usted necesitará una referencia por escrito de su doctor.	ÇEspecialistas: Usted necesitará ver a médicos que participen en IHC Access.	ÇEspecialistas: Usted tiene que usar especialistas contratados por Healthy U.
ÇVisión: Proveedores Contratados	ÇVisión: El plan de servicio para la vista. Para información llame al número 1-800-877-7195.	ÇVisión: University Health Network Clinic. En Orem llame 226-7555.
ÇHospitales: Mountain View Hospital Timpanogos Regional Primary Children's Hospital (Se necesita una referencia por escrito de su doctor).	ÇHospitales: Utah Valley Regional Medical Center Orem Community Hospital American Fork Hospital Mountain View Hospital Primary Children's Hospital	ÇHospitales: Mountain View Hospital Timpanogos Regional Primary Children's Hospital University of Utah Hospital

(Los Servicios que cubre Medicaid son los mismos en cada HMO)

Beneficios pagados por el Estado:

ÇSalud Mental: Wasatch Mental Health, 373-4760.

ÇDental: Los dentistas que aceptan Medicaid de Utah.

ÇQuiropráctico: Llame al número 1-800-339-5958.

ÇFarmacia: Todas las farmacias que aceptan Medicaid de Utah.

Esta información esta sujeta a cambio sin previo aviso. ¿Preguntas? Llame al 374-7864.

M e d i c a i d H M O s

Davis County 06/14/02

Health Maintenance Organization Paid Benefits

AFC Member Service 1-888-483-0760	Healthy U Member Service 1-888-271-5870
<p>Ç PCP: Primary care doctor required</p> <p>Ç Specialists: You will need a written referral from your doctor.</p> <p>Ç Vision: Contracted Providers.</p> <p>Ç Hospitals: Davis Medical Center, Ogden Regional, Lakeview, Salt Lake Regional, St. Marks, Primary Children's</p>	<p>Ç PCP: Primary care doctor not required.</p> <p>Ç Specialists: No referral is needed to a participating provider.</p> <p>Ç Vision: Knighton Optical, U UHN Vision Center or Paradise Optical.</p> <p>Ç Hospitals: Davis Medical Center, Ogden Regional, (with plan approval) Utah University, Primary Children's</p>

(Medicaid covered benefits are the same under each HMO.)

State Paid Benefits:

Ç **Mental Health** - Davis County - 773-7060 Ç **Dental** - any dentist who accepts Utah Medicaid

Ç **Chiropractic** - 1-800-339-5958

Ç **Pharmacy** - any pharmacy

This information is subject to change without notice. Questions? Call Vicky 776-7377 or Sandy 776-7363

M e d i c a i d H M O s

Davis County 06/14/02

OMS/Organización para el Mantenimiento de la Salud-Beneficios Pagados

AFC Para información llame el número: 1-888-483-0760	Healthy U Para información llame el número: 1-888-271-5870
Ç PCP: Se requiere un doctor principal.	Ç PCP: No se requiere doctor principal.
Ç Especialistas: Usted necesitará recomendación por escrito de su doctor.	Ç Especialistas: No se necesita ninguna recomendación.
Ç Visión: Proveedores bajo contrato.	Ç Visión: Knighton Optical, U UHN Vision Center o Paradise Optical.
Ç Hospitales: Davis Hospital, Ogden Regional, Lakeview, Salt Lake Regional, St. Marks	Ç Hospitales: Davis Hospital, Ogden Regional, Utah University

(Los servicios que cubre Medicaid son los mismos en cada HMO)

Beneficios pagados por el estado:

Ç Salud Mental - Davis County - 773-7060

Ç Dental - Todos los dentistas que aceptan Medicaid de Utah.

Ç Quiropráctico - 1-800-339-5958

Ç Farmacia - Todas las farmacias que aceptan Medicaid de Utah.

Esta información está sujeta a cambio sin previo aviso. Preguntas? Llame - 776-7377

M e d i c a i d H M O s

Weber County 06/14/02

Health Maintenance Organization Paid Benefits

AFC Member Service 1-888-483-0760	Healthy U Member Service 1-888-271-5870
Ç PCP: Primary care doctor required	Ç PCP: Primary care doctor not required.
Ç Specialists: You will need a written referral from your doctor.	Ç Specialists: No referral is needed to a participating provider.
Ç Vision: Contracted Providers.	Ç Vision: Knighton Optical, U UHN Vision Center or Paradise Optical.
Ç Hospitals: Ogden Regional Medical Center or Davis Hospital and Medical Center	Ç Hospitals: Ogden Regional Medical Center(with plan approval) or Davis Hospital and Medical Center

(Medicaid covered benefits are the same under each HMO.)

State Paid Benefits:

Ç Mental Health - Weber County - 625-3700

Ç Dental - any dentist who accepts Utah Medicaid

Ç Chiropractic - 1-800-339-5958

Ç Pharmacy - any pharmacy

This information is subject to change without notice. Questions? Call 626-3351 / 626-3350

M e d i c a i d H M O s

Weber County 06/14/02

OMS/Organización para el Mantenimiento de la Salud-Beneficios Pagados

AFC Para información llame el número: 1-888-483-0760	Healthy U Para información llame el número: 1-888-271-5870
Ç PCP: Se requiere un doctor principal.	Ç PCP: No se requiere doctor principal.
Ç Especialistas: Usted necesitará recomendación por escrito de su doctor.	Ç Especialistas: No se necesita ninguna recomendación.
Ç Visión: Proveedores bajo contrato.	Ç Visión: Knighton Optical, U UHN Vision Center o Paradise Optical.
Ç Hospitales: Ogden Regional Medical Center o Davis Hospital y Medical Center	Ç Hospitales: Ogden Regional Medical Center (con aprobación del plan) o Davis Hospital y Medical Center.

(Los servicios que cubre Medicaid son los mismos en cada HMO)

Beneficios pagados por el estado:

Ç Salud Mental - Weber County - 625-3700

Ç Dental - Todos los dentistas que aceptan Medicaid de Utah.

Ç Quiropráctico - 1-800-339-5958

Ç Farmacia - Todas las farmacias que aceptan Medicaid de Utah.

Esta información está sujeta a cambio sin previo aviso. Preguntas? Llame 626-3350/626-3351

Comparison of Adult Medicaid Programs - Wasatch Front - 7/9/2002

Benefit	Traditional Medicaid - 18 years or older	Non-Traditional Medicaid - 19 years or older	PCN- Fee for Service - 19 years or older
Out of Pocket Maximum	* Pharmacy \$5 per month Inpatient \$220 per year Physician & Outpatient \$100 per year	\$500 per calendar year per person	\$1000 per calendar year per person (\$50 enrollment fee not included)
Dental	no co-pay - <i>limited to relief of pain and infection for non-pregnant adults</i>	no co-pay - <i>limited to relief of pain and infection for non-pregnant adults</i>	10% co-pay - limited benefit
Emergency Room	* no co-pay. \$6 co-pay for non-emergency use of the ER.	no co-pay. \$6 co-pay for non-emergency use of the ER.	\$30 co-pay per visit
Family Planning	Office visit - no co-pay Pharmacy - no co-pay <i>See current OTC list</i>	Office visit - no co-pay Pharmacy - no co-pay <i>See current OTC list</i> <i>Norplant not covered</i>	Office visit - \$5 co-pay per visit Pharmacy - refer to pharmacy benefit , <i>See current OTC list</i> <i>Norplant and sterilization not covered</i>
Inpatient Hospital	* \$220 co-pay yearly for non-emergency stays	\$220 co-pay each non-emergency stay	Not a covered service
Lab	no co-pay	no co-pay	Lab - 5% co-pay if Medicaid allowed amount over \$50
Medical Equipment & Supplies	no co-pay	no co-pay	10% co-pay for covered services
Mental Health	no co-pay at prepaid Mental Health Center	no co-pay - limited benefit <i>30 annual inpatient, 30 annual outpatient visits</i>	Not a covered service
Occupational Therapy Physical Therapy Chiropractic	no co-pay Chiropractic through CHP	\$3 co-pay - <i>limited to a combined 16 visits per calendar year</i> Chiropractic through CHP	Not a covered service
Office Visit & Outpatient	* Outpatient - \$2 co-pay per visit Office visit - \$2 co-pay per visit	Outpatient - \$3 co-pay Office visit - \$3 co-pay per visit - <i>no co-pay for preventative care or immunizations</i>	Outpatient - not covered Office visit - \$5 co-pay per visit - <i>Pregnancy related services not covered - no co-pay for preventative care or immunizations</i>
Pharmacy	* \$1 co-pay per prescription limited to \$5 monthly <i>Limited over-the-counter drug coverage</i>	\$2 co-pay per prescription <i>Review process for more than 7 prescriptions per month</i> <i>Limited over-the-counter drug coverage</i>	<i>Limited to 4 prescriptions per month</i> Generic and Brand name drugs on the Preferred Drug List - \$5 co-pay Drugs not on the Preferred Drug List co-pay is 25%
Transportation	no-co-pay	no co-pay - <i>limited to emergency transportation</i>	no co-pay - <i>limited to emergency transportation</i>
Vision Services	no co-pay - <i>eye exams, lenses & frames</i>	Annual coverage limited to \$30 for an eye exam <i>Glasses not covered</i>	\$5.00 co-pay for annual exam <i>Glasses not covered</i>
X-Ray	no co-pay	no co-pay	X-ray - 5% co-pay if Medicaid allowed amount over \$100

*** Pregnant women and children are excluded from co-pays. In addition to Traditional Medicaid benefits, these clients will receive dental, hearing, podiatry and speech.**

For general Medicaid information and benefits refer to your "Exploring Medicaid" booklet.

Traditional Medicaid & Non-Traditional Medicaid - For full benefit information please ask your worker or HPR for "Exploring Medicaid - Your Guide to Medicaid Benefits" booklet.

PCN - For benefit information please ask your worker for "Primary Care Network of Utah (PCN)" brochure.

What happens after I choose an HMO?

The HMO you chose will be printed on your monthly Medicaid card. You will be contacted by your HMO to explain what services they offer and how to use them.

What other things do I need to know?

1. **Always check your Medicaid card** and make sure the information is correct.
2. **Always show your Medicaid card** to your doctor or other health care provider **before** receiving treatment.
3. **If you see a doctor or other health care provider who is not part of your HMO, you may have to pay the bill yourself.**
4. **Some Medicaid services are not paid by your HMO such as dental and pharmacy. You must receive those** services from a Medicaid provider who will bill Medicaid directly.
5. **Use the hospital Emergency Room (ER) only for emergencies. If it is not an emergency you may have to pay the bill yourself.**
6. **Keep all of your medical appointments.** If you need to cancel or reschedule an appointment, call the medical provider as soon as possible. You may be charged for a missed appointment or the provider may refuse to keep you as a patient.
7. **Save your old Medicaid cards for 12 months.** They are proof that you are eligible for Medicaid.
8. For questions about your eligibility contact your eligibility worker.
9. For lost Medicaid cards or if you didn't receive your card contact your eligibility worker.

Appeals and Fair Hearing Rights

You may feel a service or bill was denied unfairly. You have the right to question these decisions. You have the right to a Fair Hearing.

For decisions made by your HMO:

- (Call your HMO to talk about the problem. Many times the problem can be taken care of easily.
- (If there is still a problem contact your HMO to request an Appeal.
- (If you still feel your HMO is being unfair you can ask for a Fair Hearing with the State by calling 801-538-6155 or 1-800-662-9651.

C.H.I.P.

Health Resource Line 1-888-222-2542



Public Employees Health Plan PEHP Exclusive 366-7555 or 1-800-765-7347	American Family Care Healthy Kids 483-0760 or 1-888-483-0760
<p>(Available in Davis, Salt Lake, Utah and Weber counties.</p> <p>(PCP is not required.</p> <p>(Referral: No referral is needed if you use a PEHP Exclusive provider.</p> <p>(Pharmacy: Use the PEHP Exclusive pharmacy list.</p> <p>(Hospitals: Alta View American Fork Cottonwood LDS Hospital Mckay Dee Orem Comm. Primary Children's Utah Valley Regional</p>	<p>(Available in Davis, Salt Lake, Utah and Weber counties.</p> <p>(PCP is required.</p> <p>(Referral: Requires a verbal referral to a participating specialist.</p> <p>(Pharmacy: Use the Healthy Kids pharmacy list.</p> <p>(Hospitals: Davis Medical Center Jordan Valley Lakeview Mountain View Ogden Regional Pioneer Valley S.L. Regional St. Mark's Timpanogos Regional *Primary Children's and University of Utah with plan approval</p>

(Dental - Public Employees Dental Plan (PEDP) - 366-7555 or 1-800-765-7347

NOTE: The hospitals listed here are approved for medical services only. Hospitals for Dental and Mental Health services may not be the same as those listed. For additional information on participating hospitals, please contact the HMO.

This information is subject to change without notice.
The benefits are the same under all health selections.

Updated 06/02

**CHIP PROGRAMA DE ASEGURANZA
PARA LA SALUD INFANTIL
C.H.I.P NUMERO DE INFORMACIÓN PARA LOS RECURSOS DE SALUD
1-888-222-2542**

EMPLEADOS PUBLICOS PLAN DE SALUD ESCLUSIVO (PEHP) 366-7555 O 1-800-765-7347	CUIDADO A LA FAMILIA AMERICANA NIÑOS SALUDABLES 483-0760 O 1-888-483-0760
<p>(DISPONIBLE DE EN LOS CONDADOS DAVIS, SALT LAKE, UTAH Y WEBER</p> <p>(NO SE REQUIERE DOCTOR PRINCIPAL</p> <p>(REFERENCIA: NO SE REQUIERE SI USA UN PROVEEDOR DE ESTE GRUPO</p> <p>(FARMACIA: USE LA LISTA DE FARMACIAS ESCLUSIVAS (PEHP)</p> <p>(HOSPITALES: Alta View American Fork Cottonwood LDS Hospital Mckay Dee Orem Comm. Primary Children's Utah Valley Regional</p>	<p>(DISPONIBLE DE EN LOS CONDADOS DAVIS, SALT LAKE, UTAH Y WEBER</p> <p>(SE REQUIERE UN DOCTOR PRINCIPAL</p> <p>(REFERENCIA: SE REQUIERE REFERENCIA VERBAL SOLO PARA LOS ESPECIALISTAS.</p> <p>(FARMACIA: USE LA LISTA DE FARMACIAS (HEALTHY KIDS)</p> <p>(HOSPITALES: Davis Medical Center Jordan Valley Lakeview Mountain View Ogden Regional Pioneer Valley S.L. Regional St. Mark's Timpanogos Regional *Primary Children's and University of Utah (CON APROVACION)</p>

(**DENTAL- PLAN DENTAL PARA LOS EMPLEADOS PUBLICOS (PEDP) – 366-7555 O 1-800- 765 7347**

NOTA: Los hospitales mencionados en esta lista han sido aprobado solo para servicios médicos. Es posible que hospitales que ofrecen servicios Dental y Salud Mental sean diferentes a los mencionados en esta lista. Por favor lláme a su HMO (grupo médico) para obtener información adicional con respecto a hospitales que participan.

**ESTA INFORMACIÓN PUEDE CAMBIAR SIN AVISO PREVIO
LOS BENEFICIOS SON IGUALES EN TODAS SELECCIONES
DE SALUD**



Access Now

Utah Medicaid

Division of Health Care Financing

June 2002

Medicaid patient eligibility information is available through the AccessNow information line. You need only:

- < A touch-tone phone
- < Your 12 digit Medicaid Provider Number
- < Patient's 10 digit Medicaid ID number
- Or
- < Patient's Social Security Number and Date of Birth
- < Date of Service

Advantages of AccessNow:

- ' AccessNow is open 7 days a week
Monday - Saturday 6:00 a.m. to Midnight
Sunday Noon to Midnight
- ' Toll free phone numbers:
(801) 538-6155 in the Salt Lake City area

(800) 662-9651 for the rest of Utah and surrounding states
- ' Callers may make any number of inquiries per call

AccessNow gives the following information:

- / Patient Eligibility
- / Scope of Benefits (Medicaid, Non-Traditional Medicaid, PCN, QMB, UMAP, Emergency Service, and "Baby Your Baby")
- / HMO Enrollment
- / Primary Care Physician
- / Restricted Program
- / Other Insurance (Including Medicare)

Health Care Financing administers multiple benefit programs. Providers should be familiar with limitations and scope of coverage.

Dialing AccessNow

Dial the Medicaid information line:
To select AccessNow press "1" during the first menu.
Press "1" to access eligibility information.

Enter your 12 digit Medicaid Provider Number.
AND

The client's 10 digit Medicaid ID Number or Social Security Number and Date of Birth (**NOTE:** For Baby Your Baby clients use the 9 digit number plus an asterisk).

Enter the Date of Service (MMDDYY) or press "*" to default to the current date.

AccessNow will provide you with one of the following messages:

- / Patient eligibility
- / No record found with that ID
- / Invalid Date of Birth (if using a Social Security Number)
- / Invalid Date of Service



Utah Medicaid/UMAP AccessNow
Online Eligibility
(801) 538-6155 or (800) 662-9651

- | | |
|---|------------------------------------------|
| 1 | To Listen to Information |
| 2 | To Skip Information |
| 3 | To Transfer to the Customer Service Unit |
| 5 | For Scope of Benefits |
| 8 | To enter the next client ID |
| # | To Replay Information |
| 9 | To End the Call |

Your Provider Number _____

Open Monday Through Saturday 6:00 a.m. to 12:00 a.m.
Sunday 12:00 p.m. to 12:00 a.m.

BILLING CLAIMS

Procedures and regulations for billing Medicaid are found in the Utah Medicaid Provider Manual, General Information section. Providers should be aware of Federal regulations which limit use of business agents, prohibit the use of factors, and unacceptable billing practices. The following are excerpts from the manual:

11 - 3 Unacceptable Billing Practices

The use of any device or strategy that may have the effect of increasing the total amount claimed or paid for any service beyond the maximum allowable amount payable for such service is not allowed.

11 - 4 Billing Third Parties

Before submitting a claim to Medicaid, a provider must explore payment from all other liable third parties such as insurance coverage, a health maintenance organization and Medicare Part A and B, if applicable. The provider must submit and secure payment from all other liable parties before seeking Medicaid payment. The Medicaid payment is made after all other liable third parties have made payment or sent a denial.

11 - 9 Billing Medicaid

Medicaid accepts claims submitted in one of two ways:

- < Standardized claims submitted through an electronic data exchange;
- < On appropriate paper claim forms.

Standards for the HCFA-1500 Claim Form are available from the insurance commissioner and through the Utah Health Information Network (UHIN) web site: www.uhin.com/uhin. UHIN also provides the software required to bill electronically. Therefore, the Utah Medicaid agency no longer provides payer specific billing instructions for the HCFA-1500 Claim Form.

11 - 10 Time Limit to Submit Medicaid Claims

Payment for services will be made only if claims are submitted to Medicaid within one year from the date of service. Any exception to the one-year limit is stated in SECTION 2 for the type of service provided.

Payment will be made for Medicare/Medicaid Crossover claims only if claims are submitted within six months from the date of Medicare payment stated on the Medicare Explanation of Benefits (EOMB).

VERIFYING ELIGIBILITY

It is imperative for each provider to verify the patient's Medicaid eligibility, enrollment in a health maintenance organization (HMO), or prepaid mental health plan, assignment to a primary care provider (PCP) or the restricted program, and any other third party liability (TPL, other insurance) coverage *before service are rendered*.

There are several ways to verify eligibility:

Medicaid Identification Card:

Each family or individual eligible for Medicaid receives a Medicaid identification card each month. The recipient is informed of the importance to show this card *prior* to having services rendered.

Interim Verification of Medical Eligibility Form (695)

Instead of a Medicaid card, a patient may have an "Interim Verification of Medical Eligibility" (Form 695). The form *should* contain the same information as the Medicaid card. The eligibility worker issues this form when a client needs proof of eligibility and does not yet have a Medicaid card. The identification number on this form is always a 9-digit number followed by the letter **X**.

Other important notes regarding eligibility

Third party liability (TPL) The card lists any third party liable for any type of health care services. If the information is incorrect, the patient or the provider may report the information to the Office of Recovery Services. (ORS) The provider must explore payment from all other liable parties before seeking payment from Medicaid.

Ancillary Services: Providers who accept a patient covered by Medicaid are asked to ensure that any ancillary services provided to the patient are delivered by a participating Medicaid provider, including Lab, x-ray and anesthesiology services.

Identifying New Patients: Providers may request picture identification from the patient.

Medicaid Information System Options

Medicaid has two systems available for use by providers at no cost.

Access Now

AccessNow requires a touch tone telephone and your 12 digit Medicaid provider number. The following information is available by using AccessNow: Client eligibility, including restrictions, other insurance coverage, HMO enrollment and primary care physician information where applicable.

To verify eligibility it is necessary to have the client Medicaid identification number OR the client Social Security number and date of birth.

AccessNow is available Monday through Saturday from 6:00 am to midnight and Sunday from noon to midnight.

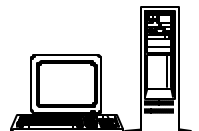
There is no limit on the number of inquiries you can make. Call 538-6155 or toll-free 1(800) 662-9651, when you hear the menu, press [1] then [1] again.

Medicaid On-Line

A modem connection to the Medicaid computer system files. A user may view:

1. Client eligibility, client restrictions, other insurance coverage, HMO enrollment, and primary care physician, where applicable.
2. Claim status - paid, denied and suspended for your provider number.

To use this system you need: an IBM compatible computer with modem. Your 12 digit provider number and a Medicaid assigned logon and password.



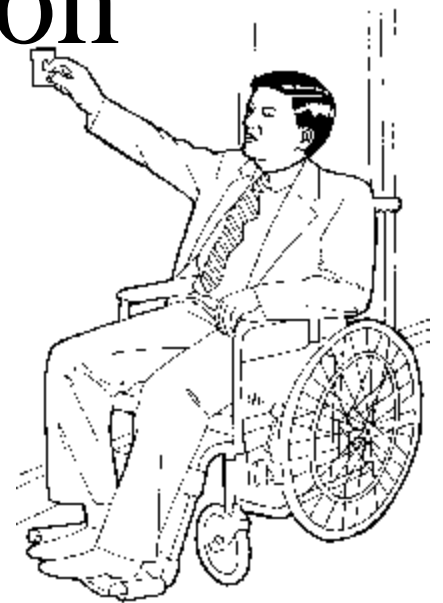
INTERNET SITE: <http://www.health.state.ut.us/medicaid>
E-MAIL ADDRESS: medicaidops@utah.gov

PickMeUp

Medical Transportation
For Routine and Urgent Care

1-888-822-1048

Your doctor must send a letter to *PickMeUp* explaining why you can't use regular public transportation - UTA bus or FlexTrans. This replaces taxi cab coverage for medical transportation.



PickMeUp PO Box 713, Orem UT 84059-0713
or Fax to 1-801-224-4246

Health Orientation Check Sheet

Client Name: _____

Soc Sec Num: _____

- T Introduction - Explain why the different programs exist**
- Explain the 3 programs (Traditional, Non-Traditional & PCN)**
- ☐ May go back and forth between programs
 - ☐ Different co-pays
 - ☐ Need to save receipts
 - ☐ Different Medical card colors
 - ☐ Different benefits
 - ☐ Pregnant women and children exempt from co-pays
- T Present All HMOs available for Traditional and Non-Traditional Medicaid**
- We have __ (#) **different HMOs** available for your Medicaid Coverage. All of the HMOs cover everything that is covered by Medicaid. However, the HMO you select will dictate the health care providers you use. If you are currently seeing health care providers you may be able to continue with those providers by selecting the same HMO your providers have chosen. If you do not currently have a provider, all the HMOs have physicians who are accepting new patients.
- T Insurance match**
- ☐ Ask about private TPL
- T Are you currently getting any medical care? Who are your providers? Do you want to stay with them?**
- List providers: _____

- T The providers you see are available under : (list compatible hmos, Use Comparison Chart to discuss the differences between the different HMOs)**
- _____

- Selection:** _____ **Effect:** _____
- You will be contacted by the HMO with further information about their plan.**
- T The card**
- ☐ Mailed every month
 - ☐ Keep cards for a year
 - ☐ TPL on card/changes
 - ☐ Retro cards blank
 - ☐ Report errors on card
 - ☐ HMO starts (date)
 - ☐ May receive multiple cards
- T Mental Health**
- Explain mental health. Mental health provider prints on ALL cards - retro and ongoing. Can choose a provider within the plan.
- T Exploring Medicaid**
- Go through mandatory information -
- ☐ Rights
 - ☐ Responsibilities
 - ☐ Covered Services
 - ☐ Family Planning
 - ☐ Other resources
- T CHEC - ages birth through month in which you turn 21**
- ☐ Well Child Exam - thorough screening of physical, dental, vision and hearing
 - ☐ Immunizations - are your children's immunizations current?
 - ☐ Additional coverage possible
- ☐ Do Risk Assessment for Aged, Blind and Disabled clients.**
- ☐ Do PCN Enrollee Health Assessment on PCN clients and provide local area resource information. Refer to business office to pay fee.**
- ☐ Do Tobacco Survey on pregnant women.**
- ☐ Do you have any questions? Give / Mail brochures - Exploring Medicaid, HMO Comparison chart, PCN brochure, dental brochure, Adult Programs Comparison Charts, etc.**